

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

## ACCIDENT STATEMENT

Date of Submission .....	07/10/2022 15:45 (SGT)
Reported by .....	Driver
Date of Accident .....	07/10/2022 10:42 (SGT)
Exact Location of Accident .....	Braddell Rd, Singapore
Additional Location Information .....	BESIDE THE SCENIC @ BRADDELL
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBA686S

### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	LEECO PTE. LTD.
Company Reg No .....	1XXXXX871M
Email Address .....	leecopl@hotmail.com
Mobile Phone No .....	(Phone) +65-64162192
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Dyna
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Employment
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Reporting only
Vehicle Category .....	Commercial vehicle
Transmission .....	Manual
CC .....	2982

### INSURANCE COMPANY

Name of Insurance Company .....	United Overseas Insurance Ltd
Policy Number / Cover Note Number .....	DHOM110078510814

### DRIVER

Name of Driver .....	TEO TIONG HENG DAVID
NRIC No .....	SXXXX496F
Date Of Birth .....	09/10/1965
Occupation .....	Outdoor

Date Of Driving Pass .....	13/11/1991
Driving experience .....	30 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92214373
Alt. Phone Number .....	-
Email Address .....	leecopl@hotmail.com
Address .....	BLK 553 SERANGOON NORTH AVE 3
Address complement .....	#05-77
Postcode .....	550553
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collision - Head to Rear
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

I WAS TRAVELLING ALONG BRADDELL RD ON THE RIGHT LANE OF A2-LANES RD. INFRT THERE WAS BIG VEH STOP AND I SWERVED MY VEH TO THE LEFT LANE, WHEN THERE WAS NO ONCOMING VEH. AFTER CHANGING LANE I DIDN'T REALIZE INFRT THERE WAS VEH STOP AND MY VEH HIT ONTO THE REAR RIGHT PORTION OF VEH B

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMC9094A
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car

Name of Driver .....	CHONG JIAJUN EUGENE
NRIC No .....	SXXXX724B
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**SKETCH PLAN**

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**8. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

**LEECO PTE LTD**  
 17 HARVEY ROAD  
 SINGAPORE 159617  
 TEL : 65 - 62962212  
 FAX : 65 - 62962204

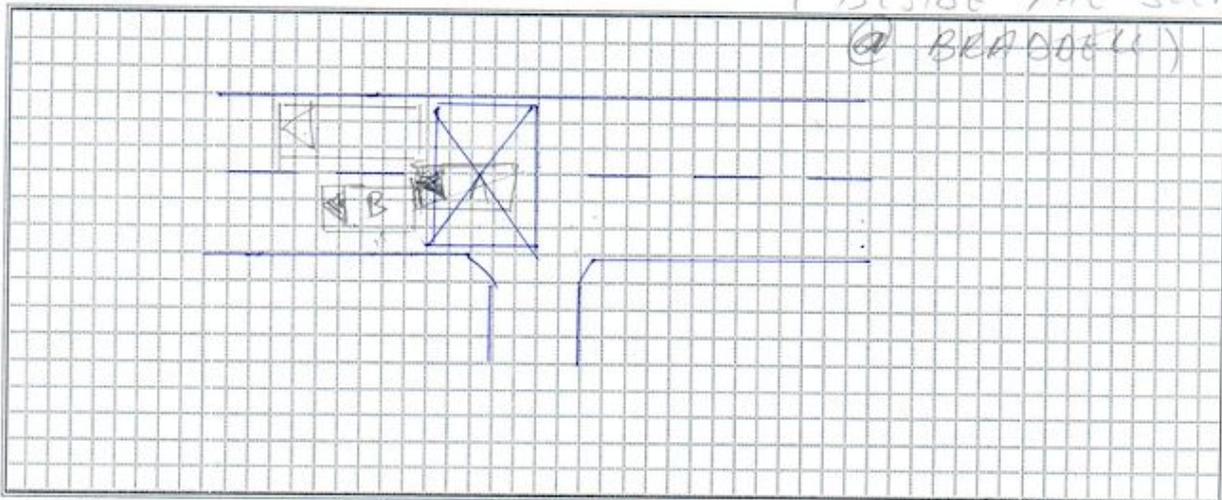
Policyholder's Signature / Date & Time

Actual Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan

BRADDELL RD ( BESIDE THE SCENIC @ BRADDELL )



vJun2022

A - GBA6865  
 B - SMC9094A

Describe Circumstance of the Accident

I was travelling along Braddell Road on the right lane of A2-lanes road. Infront there was big veh stop and i swerved my veh to the left lane when there was no oncoming veh. After changing lane i didn't realise infront veh stop and my veh hit onto the rear right portion of veh B.

Declaration

I/We declare the foregoing particulars are true in every respect.

**ELICO PTE LTD**  
 11, AVIATION ROAD  
 #04-01, SINGAPORE 48617  
 TEL: 62962222  
 FAX: 62962222

Policyholder's Signature / Date & Time

*[Signature]* 07/10/22

Actual Driver's Signature (if driver is not the policyholder) / Date & Time

*[Signature]* 07/10/22

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

















